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UTILITY PATENT APPLICATION PANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.

First Inventor Zong-		Zong-	Fu Li, et al.	8
Title				23
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42P6408C

			PPL	ICATION ELE	MENTS					Mail St	top Patent A	pplication	1	
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2.		Applicant See 37 Cl		small entity status 7.	S .	8				· Amino A I necessa		luence	e Submission	
3.		 Description Cross Resident Statemer Reference or a comp Background 	d arrang ve title eference at Rega e to se outer p and of the	gement set forth be of the Invention es to Related Appl arding Fed sponsor quence listing, a ta rogram listing appe ne Invention	lications red R & D ble,	_	a. b.	Speri. 🗆	cificatior CD-F pape		nce Listin D-R (2	ng on copies	:	es
				of the Invention n of the Drawings	(if filed)	9		Assign	nent Pape	ers (cover s	sheet & d	ocume	nt(s))	
		DetailedClaim(s)Abstract	Descri	ption	(10		37 C.F. (when t	R. § 3.73(here is an	b) Stateme	ent		Power of Attorney	
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4.	×	Drawing(s	s) <i>(</i> 35	U.S.C. 113) [To	tal Sheets 7]	- 1 "	. 121			PTO-1449		Ц	Citations	
5.	_	th or Decla	ration	(signed) To	otal Pages 3_1	13			nary Ame Receipt P	endment Postcard (M	IPEP 503		Application Amend Reflect Claim of	ded to
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	i	b. 🛭 Co	py fron o <i>r ∞ntii</i>	n a prior application nuation/divisional wit	n (37 C.F.R. § 1.63(d)) th Box 18 completed)		- 🗆	(if forei	gn priority	f Priority D v is claimed	d) .	•		
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6.	Ш	Applicatio	n Data	Sheet. See 37 CF	·K 1./6									<u> </u>
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공 FEE TRANSMITTAL for FY 2004

Effective 10/01/2004. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT

(\$) 1,046.00

C mplete if Kn wn				
Application Number				
Filing Date				
First Named Inventor	Zong-Fu Li			
Examiner Name	Nema O. Berezny			
Art Unit	2813			
Attorney Docket No.	42P6408C			

METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)					
Check Credit card Money Other None	3. ADDITIONAL FEES					
Deposit Account	Large Entity Small Entity					
	Fee	Fee	Fee	Fee	_	
Deposit Account Number 02-2666	Code	(\$)	Code	(\$)	Fee Description Fee Paid	
Name	1051 1052	130 50	2051 2052	65 25	• • • • • • • • • • • • • • • • • • • •	
Deposit Account Name Blakely, Sokoloff, Taylor & Zafman LLP	1000	30		حک	cover sheet.	
Name Blakely, Sokololi, Taylol & Zalillali LLP	2053	130	2053	130		
The Commissioner is authorized to: (check all that apply)	1812	2,520		2,520		
Charge fee(s) indicated below Credit any overpayments	1804	920 •	1804	920	* Requesting publication of SIR prior to Examiner action	
Charge any additional fee(s) or underpayment of fees as required under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.	1806	1,840 *	1805	1,840		
Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account		į			Examiner action	
	1251	110	2251	55		
FEE CALCULATION	1252	420	2252	210		
1. BASIC FILING FEE	1253	960	2253	475		
Large Entity Small Entity Fee Fee Fee Description Fee Paid	1254	1,480	2254	740		
Fee Fee Fee <u>Fee Description</u> Fee Paid Code (\$) Fee Paid	1255	1,210	2255	605		
1001 770 2001 385 Utility filing fee 770.00	1404	330	2401	165		
1002 340 2002 170 Design filing fee	1402	330	2402	165		
1003 530 2003 265 Plant filing fee	1403	290	2403	145	· · · · · · · · · · · · · · · · · · ·	
1004 770 2004 385 Reissue filing fee	1451	1,510		1,510		
1005 160 2005 80 Provisional filing fee	1452	110	2452	55 ~~	<u>i. </u>	
SUBTOTAL (1) (\$) 770.00	1453	1,330	2453	665	<u> </u>	
A EVERA CLAIM FEFE	1501 1502	1,330 480	2501 2502	665 240		
2. EXTRA CLAIM FEES Extra Fee from Claims below Fee Paid	1503	640	2503	320		
Total Claims 21 - 20 = 1 x 18.00 = \$18.00	1460	130	2460	130		
Independent 6 3 3 X 86.00 = \$258.00	1807	50	1807	50		
Multiple Dependent =	1806	180	1806	180		
Large Entity Small Entity	8021	40	8021	40		
Fee Fee Fee Fee Description					property (times number of properties)	
Code (\$) Code (\$)	1809	770	1809	385	Filing a submission after final rejection (37 CFR § 1.129(a))	
1202 18 2202 9 Claims in excess of 20	1810	770	2810	385		
1201 86 2201 43 Independent claims in excess of 3	1010	770	20.0	300	For each additional invention to be examined (37 CFR § 1.129(b))	
1203 290 2203 145 Multiple Dependent claim, if not paid 1204 86 2204 43 **Reissue independent claims over original	1801	770	2801	385	Request for Continued Examination (RCE)	
patent	1802	900	1802	900	Request for expedited examination	
1205 18 2205 9 **Reissue claims in excess of 20 and over original patent	Other fe	l e (specify)			of a design application	
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SUBTOTAL (2) (\$) 276.00	* Reduced	* Reduced by Basic Filin		Paid	SUBTOTAL (3) (\$)	
**or number previously paid, if greater, For Reissues, see below				(4)		
SUBMITTED BY			Complete (if applicable)			
Name (Print/Type) Formed F Amini	Re	egistratic	n No.		42 261 Telephone (210) 207 2800	